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Facsimile Transmittal

DATE: June 13, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/050,377

FAX: (703) 872-9306

FROM: Howard Seo

Number of Pages Sent: 16 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT
TRANSMITTAL FORM (1) PAGE; AMENDMENT IN (3) PAGES;
FIGURE 1 in 1 PAGE

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

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I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

6/13/05

(Date of Deposit)

Darla D. Rosendo

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020089
In Re Application of: Chang, et al.
Serial Number: 10/050,377
Filed: 1/15/02
Examiner: Daniel Swerdlow
Group Art Unit: 2644

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	20		x \$50 =	\$0
Independent**	4	4		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$120	\$
			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$1020

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/13/05

Signature: Howard H. See, Reg. No. 43,106
858-845-5235QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: _____
(type or print name)

Date: 6/13/05

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Depositor's Name: Daria Kasmedo
(type or print name)Signature: 

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JUN 13 2005

Attorney Docket No. 020089

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Chienchung Chang) For: ECHO CANCELLATION SYSTEM
Serial No. 10/050,377) METHOD AND APPARATUS
Filed: 1/15/02) Group No. 2644

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 13, 2004, due March 13, 2005, please amend the above-identified application as follows. Applicants respectfully request that the three-month extension of time (\$1,020.00) to June 13, 2005 be charged to Deposit Account No. 17-0026.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: 6/13/05

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Depositor's Name: Darla Kasmado

(type or print name)

Signature: 

06/14/2005 CCHAU1 00000035 170026 10050377

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